

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042002

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 208

FILED NOV 26 1962

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

North Kansas City

Length of stay in 1b

3 wks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

North K. C. Memorial

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

1705 E. 75th St. N

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Miles

Middle

Abslon

Last

Kerns

4. DATE

OF  
DEATH

Month

Nov.

Day

20

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐

## 8. DATE OF BIRTH

12-27-92

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Clerk

## 10b. KIND OF BUSINESS OR INDUSTRY

Jackson County  
Clerks Office

## 11. BIRTHPLACE (City and state or country)

Easton, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Kerns

## 13b. MOTHER'S MAIDEN NAME

Lula Lefwitch

## 14. NAME OF HUSBAND OR WIFE

Estelle Kerns

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

## 16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

## 17. INFORMANT

Address

K. C. Mo.

Mrs. Edith Webb, 1705 E. 75th N

## 18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cor pulmonale

## INTERVAL BETWEEN

ONSET AND DEATH

2 years

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Pulmonary emphysema

6 years

## DUE TO (c)

Bronchial asthma

9 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from October 26, 1962 to November 20, 1962 and last saw him alive on November 29, 1962Death occurred at 1:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

B. Cora Bates, M.R.

## 22b. ADDRESS

5148 Antioch Road  
Kansas City 19 Missouri

## 22c. DATE SIGNED

11/21/62

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

## 23b. DATE

11-23-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Floral Hills Funeral Home

Blue Ridge &amp; Gregory

## 25. DATE RECD. BY LOCAL REG.

11-21-62

## 26. REGISTRAR'S SIGNATURE

Marguerite Judgers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE, AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

12-5:30  
5140 Central Ave.  
St. Louis, Mo.  
12-5:30

NOV 28 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address H. E. Kern

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.